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Mental Health in Post-War Reconstruction*

By D. W. HARDING, M.A.

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Reports from various sources show that up to the present, in spite of air raids, the war has fortunately not produced the wholesale collapse into neurotic breakdowns which some people undoubtedly expected. This is one reason for venturing to think ahead, beyond the exigencies of the moment, and to consider the part that the mental health services may be able to play in the work of reconstruction after the war. It may strike some people as a trifle irresponsible—a dissipation of effort—to let our thoughts wander forwards before the immediate task of the war has been completed. But we may take courage from the words of the Minister of Labour and National Service; speaking a few months ago, Mr. Bevin said: "Now is the time when thoughtful people ought to be considering the real social implications of the war. . . . I urge that every citizen should be directing his mind not to tiding over an immediate difficulty but to beginning the building of new foundations now."

Just as we hope for something better than a mere restoration of our bombed cities on precisely the same lines as before, so too we hope that the years of peace will give a social order and a psychological order better than we have had in the past—better, above all, in not containing within itself the seeds of war. Now it would be absurd to claim that the psychological approach to the problem is the only approach. Mr. Bevin, in the speech which I quote, rightly laid emphasis on the vital need for *security*, by which he meant pre-eminently economic security. No psychologist would underestimate the immense importance of economic security as one contribution to a sense of security in general. And emphasis on the need for security has been a striking feature of recent psychological thinking about peace and war. What, after all, calls out violence and aggressiveness so readily as a sense—justified or not—of being surrounded by dangers and threats? The politician can find no better soil for sowing the seeds of hatred and aggressiveness than a national sense of insecurity. Hence the stories of "encirclement", and the various bogeys which Germans have been encouraged to discover, both in the world outside and in their own midst, during the Nazi régime. Insecurity, real or imaginary,

* Based on an Address given at the Annual Meeting of the Liverpool Psychiatric Clinic, March 6th, 1941.

is almost always necessary as a forerunner of national aggression. More positively we can say that a sense of security is a fundamentally important contribution to international peace. Peaceful change demands co-operation. Co-operation involves seeing the other person's point of view, and being willing to change your own outlook or modify your own demands. It means that you can tolerate the idea of changing a little and of fitting in with a co-operative scheme instead of rigidly insisting that your own scheme must be imposed on everyone. And the people who can tolerate change, whose plans are flexible and open to reasoned criticism, who can welcome the co-operation of others as equals are—paradoxically perhaps—the people who are sure of themselves, who are psychologically secure. They can change because they are big enough. It is the small minds that are rigid, the small minds which are secretly distrustful of their capacities, secretly insecure.

How can we avoid generating insecurity in national life? One thing we can say at once on psychological grounds. We can never make whole publics secure and mutually trustful in their dealings, so long as their individual members are insecure and distrustful in dealing with each other in civil life. We are apt to think of national policies as impersonal and somehow divorced from the personalities of the people who frame them and carry them out. In politics on a smaller scale we easily recognize the truth of the matter: we know that the member of a parish council can't lay aside his private personality when he joins in local government; we know that the committee work of the larger units of local government will reflect the personal qualities which have been formed in private life, in family life and business life, and can never be laid aside. And there can't be much doubt that the same principle holds—even if it cannot be so easily revealed—in national and international relations too. Policies cannot be effective for very long unless they harmonize reasonably well with the private outlook of ordinary citizens. The experiment of prohibition in the States illustrates the point. In the same way no nation can accept distrust and force as its rule for private life and still hope to be all sweetness and light in its foreign policies. This was one of the points implied in Mr. Bevin's stressing the need for social security.

Some of the ideals that guide social reformers have been expressed by another statesman in these words: "In the model state that all of us are striving after, we would like to see conditions so framed as to enable its subjects to create happiness for themselves. If we are to achieve those conditions the people must be strong and healthy. If they should fall victim to accident or disease they should have available the best of medical science. They should be able to command an income sufficient to keep themselves and their families at any rate in a minimum of comfort. They should have leisure for refreshment and recreation. They should be able to cultivate a taste for beautiful things, whether in nature or art, and to open their minds to the wisdom that is to be found in books. They should be free from fear of violence or injustice. They should be able to express their thoughts and to satisfy their spiritual and moral needs without hindrance and without persecution." These are not the words of partisan socialism; they were used by Mr. Neville Chamberlain in his first big public speech after he became Prime Minister.

But supposing the necessary economic and political and administrative reforms could be carried through and something approaching this ideal state were attained—would that by itself be enough to enable its subjects to create their own happiness? Isn't it true to say that the social reformer is almost always disappointed in his efforts to make people happy through changes in their external surroundings?—that we most of us have an immense capacity for achieving unhappiness and dissatisfaction in spite of the most favourable circumstances? We can be sure at all events that economic security and favourable material circumstances are in themselves no guarantee of happiness or of mental health. The fact is that when the social reformer speaks of economic and social security and when the psychologist speaks of the sense of security on which mental health depends they don't both mean the same thing.

We know from common observation that the materially secure people cannot be relied on to act as if they were also psychologically secure. For example, they may exhibit the typical sign of insecurity in jealous anxiety about their social or professional status. We all know of the sort of foreman who finds excuses for not passing on a worker's suggestion for improving an operation, or the director who invents plausible objections to a subordinate's good idea, or the suburban woman who frets over the presumptuous show she thinks her neighbours are making. Their insecurity shows itself in aggressiveness if they are criticized or their opinions challenged. Their self-esteem is so precarious that they dare not admit that they might be wrong. They are intolerant of new ideas. They are constantly ready to find fault, and delighted with the opportunity of keeping, or putting, somebody else "in his place". These are some of the commoner symptoms of psychological insecurity. Can we possibly say that those who exhibit them possess full mental health? And yet these signs of insecurity are found in every social and economic grade. They are so common as to be taken for granted even among people whose material circumstances are far more favourable than the most optimistic reformer hopes to provide for the masses of people in any near future. In other words, we cannot hope that psychological security and mental health will automatically follow when economic security is attained.

Mental health—or what would be better described as psychological health—cannot be taken for granted, any more than we can take it for granted that our teeth will automatically remain in a healthy state without any attention. Mental health means something more than merely avoiding a nervous breakdown or keeping out of a mental hospital; as a community, we need to advance to a higher conception of what psychological health might be. At present we are like the people who go to the dentist only when a tooth aches intolerably.

The ordinary man cannot help observing the more striking cases of psychological ill-health, for example in the puzzling and disturbing cases of suicide that he reads of or has known of among his own acquaintances, in the alcoholism that afflicts some brilliant or delightful person, in the inexplicable moral lapses that bring a previously blameless man into the police court, in the pathological miserliness of a wealthy recluse. We can most of us by now agree that in these cases there is some

disturbance of psychological health or balance. Too often, though, the lay public tends to associate these disturbances of balance with insanity, where it would be psychologically more apt to associate them with normality. There may be a fairly definite line between actual insanity and normality, but there is certainly not between normality and the psycho-neurotic conditions which produce the bulk of unnecessary suffering in everyday life.

We need, therefore, to lead the public beyond the idea that those who show lack of mental balance or are psychologically in a muddle are to be thought of in connection with the insane and put in a category of people sharply differentiated from ourselves. Not only is it psychologically unsound but it also increases prejudice against being treated. Nervous breakdown, suicide, alcoholism, compulsively criminal behaviour, these are the highlights of psychological ill-health; but they emerge from a closely related background—from depression, shrinking timidity, irrational resentments and grievances, domineering aggressiveness, together with such common troubles as sleeplessness, nervous headaches, nervous indigestion.

These are familiar things, easily observed, even if many people prefer to ignore them as far as they can. In claiming due attention for them it is often useful to refer to the more specialized study of psycho-neurosis in everyday life which was reported some years ago by investigators of the Industrial Health Research Board. They interviewed a well-assorted group of about 1,000 people, mostly factory and office workers, and including all grades, from directors downwards. They gave them a psychiatric interview with the aim of discovering how many of them were suffering from psycho-neurotic symptoms, and corroborated the findings of the interview by an experimental technique. They found these symptoms of psychological ill-health occurring with considerable frequency among all types of worker and within all grades (though there were slightly fewer nervous troubles among people in authority). Exact figures are often misleading, but it is worth while mentioning that they found about thirty per cent. of the commercial and industrial workers suffering from definite nervous symptoms. That figure excludes very slight nervous symptoms, and the passing difficulties of adolescence, and it also excludes the emotional effects of "real" troubles and reasonable anxieties. It is a disturbingly high figure for actual psychological disorder; even though the majority of the sufferers were far from psychological collapse, and would probably remain so, there is little doubt that their lives were going to be far less satisfactory all round than they could have been. Remember too that these were the findings of a psychiatrist of wide experience working with a capable experimental psychologist and publishing the results for an official government body.

From our own common experience we can confirm the findings of these investigators that psychological ill-health shows itself most clearly perhaps in social relationships. We all know, to mention a few examples, the sons tied to their mother's apron strings, the over-diffident people, the miserably isolated and solitary, the people who are afraid of showing affection or enthusiasm, those who are upset at any criticism or difference of opinion, those who make a bad impression which

we try to explain away by saying that "it's just their manner". Such people are psychologically in poor or indifferent health. Yet we can hardly call them abnormal—they're just like the rest of us but a trifle more so. Especially when we are tired we realize how easily we could tend in the same direction. And the social life in which such states are so common forms the matrix of our politics and of all the machinery of public life.

Now we have to get people to realize that such states are not only mild psychological maladies, but also curable maladies. The trouble is that at present we never dream of seeking a remedy until we have reached complete breakdown. For those people who dimly realize that their psychological health is poor, and who want to do something about it, all we have are the popular journals of practical psychology and various forms of faith healing. Thanks to our psychiatrists we do possess better techniques than those. But they are not extended to people who are fairly well, but could be a lot better; our social customs and ways of thinking limit them almost exclusively to those who have seriously broken down.

It is humbling to realize, and many people are reluctant to admit, that everyday psychological ill-health or imperfect health is not curable by one's own good resolutions, or by hard work, or exhortation, or fresh air. Like other forms of imperfect health it needs the help of specialists using specialized techniques. It is only in the last generation or two that these techniques have been developed. Naturally enough, the public as a whole cannot yet trust them fully. Nor should anyone claim that they yet deserve complete and unquestioning trust. Criticism is possible of the training and of the methods of some psycho-therapists, and it is part of the healthy development of the work that there should be such criticism. In regard to applied psychology of all kinds we are in much the same position as our ancestors were to dentistry a hundred years ago. We know that the present techniques must in time come to seem relatively rudimentary. Yet that can be no good reason for failing to make use of those that we do possess. The perfected techniques of the future depend for their development on our willingness to use the imperfect techniques of the present.

At the present time—especially in view of the demands of post-war reconstruction—we need to ensure that society shall develop the full potential value of psycho-therapy as rapidly as possible. I want to suggest that the development of the mental health services depends just now upon the ordinary intelligent lay public. We have reached a point where it is, in a certain sense, for us to develop the potentialities of psycho-therapy or fail to. We cannot wait passively until the specialists have perfected their techniques and bring them to us ready-made. Up to now the development of psycho-therapy has come about almost exclusively from the efforts of the specialist workers. But in every applied science there comes a point when further progress must depend on the community as a whole. The community must provide conditions which invite and elicit further progress. The sound development of the applied sciences always demands a certain reciprocal education—the specialist educating the layman and the informed layman in turn educating and asking for further progress from the specialist.

This happened for example over intelligence tests. There were many early attempts by German psychologists, besides Galton in England and J. McKeen Cattell in America, to devise tests of general capacity. No great progress was made, but the possibility of such tests had been hinted at and to some extent explored. Then the alert layman took a hand, this time in the form of the French Ministry of Public Instruction. The Ministry invited Binet to do something far beyond the capacity of psychology at that time: but they knew what they wanted, and by asking the specialist for it and creating favourable conditions for his work, they got it. From that time tests of intelligence made enormous strides, and there still continues a mutually stimulating interchange between the psychologist and the practical men and organizations who can use his work.

The specialists can and often do achieve a great deal *in spite of* the public, in the face of apathy and misunderstanding. In the long run, though, they can only do what the public asks them to do. By now, the psychiatrists and psychopathologists have completed the first step in showing us the possibilities of their science and techniques, possibilities which are not yet fully developed. Their more complete development waits, I believe, on an effective and informed public demand making itself felt. Before that demand can be made we must, as a community, come to accept standards of psychological health as much in advance of our present standards as our ideas of dental health are in advance of the standards of a century ago.

Juvenile Delinquency and the War

A Critical Survey of Current Comments

Compiled by the Staff of the Child Guidance Council

Much space is being devoted in the daily press to the question of the increased incidence of juvenile delinquency since the outbreak of war.

In surveying the present problem it has to be borne in mind that juvenile delinquency was increasing year by year for about ten years up to 1937 and that, after the passing of the Children and Young Persons Act in 1933, the increase became much more marked for the following reasons (adduced in a recent survey—Bagot, 1940):

1. Changes in police procedure.
2. Increasing reluctance on the part of constables to deal on the spot with minor delinquencies.
3. Increased interest in the subject as a result of the 1933 Act, and a greater readiness to bring children before the Court.
4. Changes in methods of salesmanship.

Statistics

Then followed a decrease, to be succeeded on the outbreak of war by a sudden leap upwards, as the following Home Office figures show*:

		January-April 1939	January-April 1940	Increase per cent.
Children under 14	..	5,328	8,644	62·24
Age group 14-17	..	4,387	6,198	41·29
Age group 17-21	..	3,238	3,761	16·51
		May-August 1939	May-August 1940	
Children under 14	..	5,809	7,739	33·84
Age group 14-17	..	4,353	5,471	25·68
Age group 17-21	..	3,126	3,430	9·72

It will be seen from these tables that the increase in the second four months of 1940 is less than that in the first four months.

The reason most generally assigned to the decrease in the second four months is the increased possibility of outdoor activities in the summer months, but other factors doubtless play a more important part, such, for instance, as the gradual decrease of opportunities for stealing when the black-out period is shorter, cessation of the worst ebb and flow of evacuation, and last but not least the general settling down of the nation to war conditions.

Inadequacy of Available Records

The significance of the Home Office figures quoted cannot be gauged accurately until information is available as to several factors including the intelligence of the children charged. Was a greater proportion of these children dull and backward, feeble-minded or defective as compared with pre-war figures? A report, referred to at greater length elsewhere in this Journal, is available from a child guidance clinic, to which approximately one-third of the children charged at a juvenile court were referred. Although this figure represents only a small proportion of the socially unsatisfactory and incompetent group in the population, it is large enough to be significant. The report indicates that there was a noteworthy increase in the number of delinquent children with I.Q. 70-85 in the year 1940-1 as compared with the year 1939-40, and there was a 74 per cent. increase of delinquent schoolchildren with I.Q. ranging from under 55 up to 85, i.e. from certifiable M.D. up to dull. It is pointed out that "the seriously dull and backward children (i.e. I.Q. 70-85) have more drive than those in the more defective group, but their drive is often uncontrolled and undirected. It is not surprising, therefore, that the main increase in juvenile delinquency comes from this group of cases".

* A memorandum just published by the Home Office and Board of Education gives the following figures for the first year of war as compared with the previous year:

Children under 14	..	..	..	..	41 per cent. increase
Age group 14-17	..	..	..	..	22 per cent. increase
Age group 17-21	..	..	..	..	5 per cent. increase

In a recent paper, a psychiatric social worker stated that in a badly bombed area the incidence of psychosomatic symptoms was highest in the 11-14 age group. This indicates that war conditions affect this, the group at the age of puberty, most strongly, hence there must be an increased risk of behaviour disorders.*

The following figures for various areas have been quoted in the press:

Reception Areas

CHESTER. (Annual Report of the Chief Constable.)

Juveniles before the Court in 1940	..	..	167
Juveniles before the Court in 1939	..	..	45

Of this number 101 had not previously been before the Court, 33 once and 26 more than once.

LANCASHIRE.

Juveniles before the Court in 1940	..	..	2,518
Juveniles before the Court in 1939	..	..	2,093

The age group mainly affected was the 11-13 group.

CAERNARVONSHIRE.

Juveniles before the Court in 1940	..	..	147
Juveniles before the Court in 1939	..	..	49

In Lancashire it is stated definitely that the increase in delinquency is not due to the influx of evacuees. Were the resident adolescents upset by the changed conditions caused by the advent of strange children?

Chester and Caernarvonshire both received evacuees from Merseyside. Were these the culprits or how far was lack of provision for the dull and backward and defective children already resident in the areas responsible for the outbreak?

If it were true that the dull and backward group among "natives" are the chief recruits to the Courts, it might well be that the advent of brighter and tougher evacuees from the towns evoked a compensatory aggressiveness which, owing to their deficiencies in foresight and control, led them into the clutches of the law. This question would well repay investigation.

Cities

LEEDS.

Juveniles before the Court in 1939	..	..	365
Juveniles before the Court in 1940	..	..	460

In 1939, 81 of the cases were "breaking and entering", in 1940 these cases increased to 163.

Petty thefts increased from 243 in 1939 to 352 in 1940.

SHEFFIELD.

Juveniles before the Court, year ended 31.3.39	437
Juveniles before the Court, year ended 31.3.40	460

Breaking and entering increased from 3 to 42 cases.

* The Home Office and Board of Education memorandum referred to in a previous footnote states that the increase in juvenile delinquency reaches its peak at age 13. This surely is most significant.

The Director of Education claims that there has been no substantial increase—only 6 per cent. on the year, confined entirely to young persons over school age, while there is a decrease of 5 per cent. compared with the year ended March 31st, 1938.

CARDIFF.

Juveniles before the Court in 1939	..	..	207
Juveniles before the Court in 1940	..	..	271

ABERTILLERY, EBBW AND BLAINA.

Juveniles before the Court in 1939	..	..	75
Juveniles before the Court in 1940	..	..	117

GLASGOW.

Juveniles before the Court in 1939	..	..	3,141
Juveniles before the Court in 1940	..	..	3,261

It will be seen from the figures given that the increase in reception areas and in the cities is approximately equal. In the reception areas, normal conditions of social life for juveniles has been disturbed by the invasion of evacuees into both homes and schools; in the cities, normal conditions have been disturbed by lack of school facilities for considerable periods.

Causes to which the Increase in Juvenile Delinquency is Popularly Ascribed

The causes to which the increase in juvenile delinquency is ascribed are numerous, but some of them existed prior to the war, in addition to those enumerated by Bagot and referred to above. They can be classified as follows:

(a) Poverty, Bad Housing and Malnutrition

Poverty would appear to be a less potent factor in wartime when so many mothers are wage-earners and unemployment is less rife. The bad housing conditions of normal times have their counterpart in the badly bombed areas where children suffer from broken sleep and from life in shelters. They are able to truant from home. One worker in charge of a shelter for children states that they are entirely out of control, and cannot be persuaded to give any help in running the shelter. The rationing of foodstuffs so promptly and various schemes for the feeding of school-children should have lessened the danger of stealing for the sake of obtaining food, though the shortage of sweets and confectionery may lead to petty larceny.

(b) Lack of Parental Control, Broken Homes and Absence of the Father

It is a platitude that the young need the framework of an ordered and disciplined environment in which to develop, and for this the home surroundings are of the utmost importance. Many homes are "broken" during wartime by the absence of the father in the Services and few women can combine within themselves the roles of loving mother and authoritative father which are necessary for the welfare of the child. However, it is reported that in 30 per cent. of the cases, the absence of the father is not the cause of the trouble. Some homes are without either father or mother for the greater part of the day, as both are on war service of some kind.

(c) *Evacuation and Constant Change of Environment*

It was to be expected that the removal from their homes of thousands of children of all ages and types would lead to misdemeanours in some instances. There do not appear to be any figures available to show, for example, what proportion of children charged in a given reception area were evacuees and how many belonged to the normal population. It would be interesting to learn whether the influx of evacuees upset the latter and to compare the type of delinquencies committed by the two groups. Reports from at least two reception areas indicate that the evacuees are not the culprits.

From the figures given in the preceding table it will be seen that the increase in delinquency is highest amongst the children under fourteen, i.e. among the children who were eligible for evacuation. Those who were evacuated suffered both from the emotional disturbance of removal from home and from decreased opportunities for attendance at school, while those who remained at home were "running wild" owing to the closing of the schools and clubs. Were misdemeanours more numerous amongst those who went away or among those who stayed at home? In reception areas, if evacuees were the culprits, were they "old lags" or "new criminals"? If "new", can misdemeanours be ascribed to destruction of tone of school by splitting up on evacuation? How many of the culprits had been "warned" and how frequently, though not charged?

(d) *Lack of Religious and Moral Teaching*

This may result in a decreased resistance to temptations such as to thieve from open counters, to steal parcels from unattended cars, to make off with bicycles. On the other hand, temptations have probably increased. Dark nights and the black-out have increased the possibility of avoiding detection of all sorts of nefarious activities. It may be noted that while thefts of cars are said to have decreased in one city at least since the "immobilizing" order was enforced, the increase in thefts of bicycles may be due to the fact that many more are in use at the present time owing to transport difficulties, petrol restrictions and so on. It has been stated in a juvenile court in London that numbers of children, delighted with the opportunities provided for games amongst ruins, have been prosecuted for looting perfectly useless articles which might have been lying there for months. Such a temptation does not occur in normal times, but it is doubtful in these cases whether the child realized fully that he was doing wrong.

(e) *Increased Leisure and Lack of Ability to make use of it*

Presumably this cause relates more particularly to the older child and young persons up to the age of 21. Lack of ability to use leisure is primarily due (i) to defects in home training, (ii) to defects in the educational system, (iii) to the modern craze for passive and mechanical forms of recreation as opposed to creative and cultural recreation. But in wartime recreational facilities for children have been diminished by (1) the commandeering of halls, etc., which formerly housed clubs,

(2) the digging up of playing fields for allotments, (3) the transfer of children from schools commandeered for various purposes to makeshift quarters.

(f) *Ever-increasing Desire for "Pleasure" on part of Older Boys and Girls*

This has probably been increasing for some time throughout the community but may be intensified by the desire for romanticized adventure which is always present in children in wartime, a desire which should have outlets provided for it. For boys, the A.T.C. answers the purpose to some extent, as witness the immediate response to the call for volunteers. In girls, the sense of adventure is less marked. This spirit of aggressive adventure is doubtless partly responsible for the increase in "breaking and entering". At the same time there may be thefts to pay for amusements where there is boredom. Hence the need again for providing healthy recreational facilities.

(g) *Increasing Employment of Children resulting in Non-attendance at School*

These children are suddenly thrust from an ordered routine at school, where every moment is planned out, into the atmosphere of the wage-earner. They may be led astray by adult workers, or yield to a desire to demonstrate their newly-won independence in illegal ways. A revival of the apprenticeship system in a form suitable for modern conditions for these young people would bridge the gap between school and adult life.

Methods of Treatment Proposed

Various methods of dealing with the problem of juvenile delinquency are the subject of discussion at the present time:

1. *The Raising of the School Leaving Age to 15 and Compulsory Part-time Education for Older Children*

These plans do not appear to be feasible during the war, when there is a shortage of building materials, of labour for building, and a dearth of teachers. An extension of training schemes for industry might solve the problem meantime.

2. *Increased Interest by Local Education Authorities in the out-of-school hours of the Children*

This is being effected by the formation of Youth Service Squads and so on. It is of the essence of such schemes that they should bring the child into contact with the world in which he must live when he leaves school, and provide a means whereby he feels himself to be accepted not only among his colleagues but in adult society. Social and other activities connected with the school are not sufficient. They cannot widen the child's background and too often are conducted by teachers whose training does not fit them for the work. Neither is it fair that teachers should be expected to give their out-of-school hours to children—they need to refresh themselves by mixing with adults in other occupations, by the pursuit of various activities away from children, otherwise their lives are cramped and they do not adjust easily to normal adult society.

3. *Reformatories for Parents, the Children being cared for in Welfare Centres Meantime*

It is doubtful whether such a proceeding, which has been suggested but which is in fact not practicable, would result in a happy home atmosphere. It might succeed if the parents were very young and the home not too bad. But if the home is really bad, the children would be better off in a specially selected foster home or at an approved school.

4. *The Establishment of Child Guidance Clinics*

It is noted that in some cases Education Authorities are conferring with Juvenile Court Justices to discuss ways and means of dealing with the juvenile delinquents and are urging the establishment of child guidance clinics. These, alone, cannot solve the problem of juvenile delinquency. The question is a much wider one, beginning with education for parenthood, followed by the optimum training of children in day nurseries, nursery schools and throughout school life, the promotion of suitable recreational activities for each individual child and ending with his establishment in a job for which he is fitted and which gives him a prospect of advancement in the future.

The child guidance clinic can, however, be of assistance in re-adjusting children who are beginning to show signs of anti-social tendencies, thus decreasing the number of children who become actually delinquent. The clinic staff can help by advising parents, teachers and probation officers and others who have to deal with the child on methods of upbringing. The child's intelligence can be ascertained so that it is possible to determine whether he is easily led into mischief by the bad influence of others. Assistance can be given to the child himself in facing up to his difficulties—the value of this process has been realized in at least one district where it has been remarked that “forcible detention has proved to be a very inadequate alternative to the corrective influence available within the environment”. Psychiatric advice is essential in such cases, otherwise incalculable harm may be done to a sensitive child.

5. *Formation of Panels of Teachers with Special Experience in Child Guidance Clinics*

It is doubtful whether such experience could be obtained except in child guidance clinics and very few teachers would be able to devote time to the special study of delinquent children. Attendance at courses is useful in arousing their interest in the subject but cannot be held to train them to deal with such children by themselves. It is true that certain centres, notably Glasgow and Sunderland, are already attempting this plan, and the experiment will be watched with critical attention.

6. *Residential Child Guidance Clinics*

The results obtained by the first residential child guidance clinic for delinquent children which has been set up at Nerston will be awaited with special interest. Such a clinic may have the same disadvantages as an approved school, namely the removal of the child from home and his upbringing in a rather artificial atmosphere. Will the fully trained staff of such a clinic be successful in preparing the child to return more

quickly to normal life, and will the child be easily adapted to normal life if supervised by the staff of the clinic in the district where he lives ?

7. *Suggestions put forward by a Conference called in Ayrshire by a Woman J.P., and Parallel Criticisms*

These are to be found in full in *The Times Educational Supplement* of May 3rd, 1941, and May 24th, 1941.

The suggestions represent on the whole enlightened opinion, but certain of the criticisms made by another J.P. are justified. The suggestions betray the fact that the procedure of Juvenile Courts is not always carried out with due regard to the letter of the law and vary very much in different parts of the country. That there are deviations from the Home Office regulations has been indicated by Bagot, and a recent survey of some Juvenile Courts in Yorkshire has confirmed this finding.

8. *Increase in Approved School Accommodation*

The Home Office has advised Local Authorities that an increase of at least 50 per cent. on pre-war accommodation should be provided. There can be no question nowadays of the value of the training given in these schools, though the standard varies from place to place.

What is open to criticism, however, is the assumption that committal to an approved school is the best method of dealing with many juvenile delinquents, especially with those whose delinquency is an outcome of the war. As Miss Fry points out, "it is individual affection and control, even the feeling of individual importance in the tiny community of the household, which is what they need".

9. *Foster Home Placement*

Several of the Education Authorities who take their duties under the Children and Young Persons Act 1933 seriously, have shown a welcome tendency to try to find foster homes for certain types of delinquent children. The difficulties of finding foster parents able and willing to take these children during wartime are of course enormously increased by evacuation. Billeting Officers are obliged to seize on each and every vacancy they find, whereas foster parents suitable for the task should have been reserved for the care of these special children. A wide field lies open to the Joint Register of Foster Homes and Schools for Nervous, Difficult and Retarded Children and, were funds available now, it could usefully employ workers acting in co-operation with the Regional Representatives of the Mental Health Emergency Committee to carry out this specialized billeting. To quote Miss Fry again, "From such a home (the child) takes a natural place in a world already familiar, as an adolescent, and later as a grown-up person, without the dislocation which too often follows the end of education in an approved school. Many boys and girls come to grief again after excellent careers in such schools, probably because the change of surroundings and discipline is too sudden. The gradually loosened control of good foster parents gives a more natural transition period."

10. *Corporal Punishment*

Already in one area an Education Committee has recommended to the Juvenile Court Magistrates that they should introduce the use of the birch in order to ascertain whether it has a deterrent effect. There are signs in two or three other areas of a desire to take a similar step. Such action is to be deprecated on the ground that the procedure of birching by a policeman in a police court is undesirable and likely to cause more harm than good. In those few cases, if such exist, where corporal punishment is really necessary, it should be possible to ensure that it is carried out in the home or, if the parents prefer, at school, though the latter course would doubtless have to be carefully considered, since the school does not normally punish for misdemeanours committed outside school.

In Glasgow, 94 boys were birched in 1940 as compared with 10 in the previous year. It remains to be seen whether there will be a considerable decrease in juvenile delinquency in 1941 as a result. Moreover, if there is a decrease, it may not follow that it is in any way directly connected with the re-introduction of corporal punishment.

Conclusions

This survey shows that:

1. There has been a definite increase of juvenile delinquency since the war began.
2. Many influences pertaining to the war may be responsible.
3. There is no certainty how far one or more of these influences are causally effective.
4. It is not certain whether delinquency is more rife among "natives" or evacuees.
5. There is no exact knowledge as to whether the increase is caused by an increase of past offenders or recidivists.
6. There is increasing faith in some quarters in the efficacy of child guidance as a contribution towards the solution of the problem of juvenile delinquency.
7. There is a regressive tendency in other quarters to the apparently easy way out of the difficulty by using the repressive deterrent type of punishment which has proved ineffective in the past.
8. Public interest in juvenile delinquency is increasing, but there is still much loose thinking and sentimentalism rife in relation to this subject.
9. There is great need and ample opportunity for research which will crystallize ideas and build a firm foundation of facts on which future policy may be based.

Note.—The official Home Office and Board of Education document referred to in two footnotes has just been received, and deals with the subject under the following headings:

Statistics; Causes; Preventive Measures; Treatment of Offenders: juvenile courts, probation, remand homes, approved schools.

Some Observations on the Effect of Evacuation upon Mentally Defective Children

By C. H. W. TANGYE

Headmaster of an L.C.C. Elder Boys' Special M.D. School

Opinions differ as to whether the expense and effort involved in the evacuation of M.D. children has been worth while, and the question is one of no small importance, for if the answer is in the negative, then the devoted labours of the teachers concerned, involving, for a period of close on two years, the sacrifice of home life and all it stands for, has made no contribution of value to the national effort. It would indeed be a tragedy if this work were to be finally recorded as "wasted" because it has been on behalf of children who are mentally defective, for those members of the teaching staffs of evacuated Special Schools who have stayed at the posts allocated to them from the beginning have shown strength of character and cheerfulness, under conditions often of great difficulty and discomfort, which cannot be too highly praised. Holiday Camps and mansions, visited on a beautiful summer's day, have a very different appearance in the midst of a dreary winter.

The party of boys with which these notes are concerned, have been in Holiday Camps at New Romney, Greatstone-on-Sea, Brean Sands, and at Weston-super-Mare, since September 1st, 1939.

Once the difficulties of the early days were over, the number of withdrawals has been comparatively small. For these the chief reasons were as follows:

- (1) On reaching the age of 14, to return home to find work.
- (2) To accompany parents to some other "safe" area.
- (3) Attainment of full school leaving age.

Some boys admitted since Christmas, 1940, have been re-evacuated after once returning to London. The majority of these have remained because of the improvement in conditions, and because of the parents' increased realization of the dangers to which they would be exposed at home.

A few boys have absconded from time to time. In some cases this was due to a sudden quarrel with other boys; in others, to anxiety about home as the result of having received no news. The only persistent offender regards absconding simply as a change from ordinary routine, and there are boys who hope, by means of it, to gain the reputation of being daring fellows. Often a change to another camp effects a cure. Children from the better homes hardly ever think of "running home" but nearness to a town, main roads and traffic seems to increase the number of absconders, probably because they intensify homesickness.

Parents can do a great deal to encourage successful adaptation by writing regularly, recording all the little bits of home news likely to be interesting, commenting

on camp activities, and giving encouragement to "stick it out". This letter-writing business has also been found to be an important factor in the increased interest displayed in learning to read. The treasured letters from home are carried about in pockets until they fall to pieces. They are continually being displayed to all and sundry and often a particular passage is pointed out for special notice.

Parents' visits, when announced by letter beforehand, give pleasurable excitement and produce a general smartening up of appearance, usually passing off without any tears or requests to be taken home. On the other hand, visits unannounced and unexpected produce tears and often shock, followed by a general setback in stability.

There is a decided improvement in reading generally, as evacuation has given it an "interest value" formerly lacking. To be able to read one's own letters, to look at a newspaper and point out the headlines to admiring smaller boys, to have a library book at bedtime—these are all incentives to progress. In classrooms and on the epidiascope, the regular talks on current news are followed with keen attention, and such things as the names of the various types of plane or ship are recognized when they occur again.

Writing has improved through force of circumstances. Parental requests for letters "in your own handwriting" cause much heartburning and often produce a determination to improve. The increased effort required is rewarded by the parents' praise which, in its turn, stimulates still further progress.

Conversation has become much more fluent, especially in discussions on the merits of the various types of planes observed. The points of difference, say between fighters and bombers elicit some fairly well informed comments which point to a keen study of detail. Gardening and farming activities also create the need for new words to describe methods and procedure. These differ so radically from the common phrases passing muster at home that only a keen "interest" can provide the incentive necessary if the new vocabulary is to be acquired. Aspects of country and seaside life, hitherto unfamiliar, also reveal much latent talent for which previously there was no use.

Calculation is another subject which takes on fresh interest under evacuation conditions. The mysteries of money are often mastered by adding the newly-arrived Postal Order to the balance in the Pocket Money Bank and by the necessity for keeping an accurate record. A War Savings Group has been formed and surplus pocket money is invested in Savings Stamps. This book is often a proud possession of its owner. The cost of clothing is learnt by observing how money for renewals sent by the parents is expended, and the innovation of "clothes rationing" gives the opportunity of many nice calculations as to the amount which can be obtained with the first twenty-six coupons and how long the articles in question must be made to last. The arrival of money for boot or tailoring repairs, handed to the Headmaster in return for a receipt to be enclosed in the next letter home, also constitutes a useful lesson in values.

The boys who have been in Camp for a long period have undoubtedly begun to make better use of their limited mental powers. Observation is more accurate and there is a noticeable increase in confidence.

Many boys worry if they receive no regular news from home, as this makes them feel neglected. Small offences against discipline, or outbursts of bad temper, often result. Bullying by bigger boys is under control and is very quickly discovered. The certainty of discovery has led to its reduction, and what little there is of it arises chiefly from the lack of pocket money or parcels from home and the possession of these much desired things by a more fortunate boy. Most of the boys, however, are very generous with their sweets, etc., and readily share with "poor old Bill who hasn't heard from home for three weeks". They usually resent, by the use of physical retaliation, unflattering references to their parents on the part of other boys. This is a common form of retort from a smaller lively youngster who normally trusts to dexterity of foot work to absolve him from the dire consequences threatened.

Most of the "hard" cases get quite sloppily sentimental over pictures of animals or small babies, the absence of which is definitely missed. They are usually made quite happy, however, by helping certain crippled members of the Camp up and down stairs, even carrying them to watch the others at play in order that they may have some share in it.

A sense of humour is a priceless possession—even if primitive in type. These defective boys have a keenly developed sense of fun which is quickly aroused.

Their reactions to the films provided for them are very genuine. The villain is booed heartily and when the hero sets out to rescue the victim in distress, the cheers are deafening, whilst ill-treatment of the weak or defenceless calls forth disapproval. In fact the response of the boys to the L.C.C. Educational Films has been astounding. Travel, nature and industrial films, with a few words of commentary from a teacher, are a never-failing source of interest which is not a merely transitory one. The Ministry of Information films pleasantly excite them, make them conscious of our war effort, and cause no loss of sleep!

Delinquency is largely a matter of opportunity. In the vicinity of a country holiday camp there are fewer goods displayed in the shops, and experiments with one of the rare slot machines produce no result, nor have oddments from empty bungalows, etc., much "glamour value".

Passing through fields by footpaths, shutting gates after use, being careful not to tread on growing crops, etc., are all country habits which help to cultivate respect for the property of others, whilst work on farms and gardens stimulates interest in things that grow, and boxes with tomatoes, lettuces, radishes, etc., the property of individual boys, are carefully tended. Vegetables from garden plots appear on the table, proving the practical value of the labour expended on them.

With regard to premises, small huts or chalets are preferable to larger dormitories. The smaller the unit, the easier it is to match up boys of similar temperaments, whereas in a dormitory, one boy who does not quite "fit in" will upset all the others. In the small hut, holding only two or three, it is possible to secure quieter rest and the sharing of common interests.

Some sort of playing field or similar space is, of course, essential. Without this there is too much use of dormitories and too many restrictions have to be placed on "free" activities, so necessary for the formation of character.

Boys newly admitted vary in behaviour. Some are quite stolid and unconcerned, whilst others are tearful, especially at bedtime when there is no activity going on to distract their attention. But usually the cure begins with the arrival of the first letter from home. Contact with the staff, too, every day of the week and all the waking hours of each day, helps to make up for the separation from home and parents and to create a stable background.

This evacuation experiment has shown the value of community life for M.D. schoolchildren, and it is suggested that a month every year in a camp with the regular school staff should be a normal feature of Special School work after the war.

Enuresis Record contributed by

W. A. G. FRANCIS, Headmaster of an L.C.C. Elder Boys' Special M.D. School

As the problem of enuresis made itself apparent very quickly in the Camp, the following method was devised to deal with it.

Every morning all bed-wetters are sent to the Camp Commandant by the attendants. A register is kept, and there is praise for the successful, and encouragement (or sometimes censure) for those who have failed. Out of a total number of 216 boys in the Camp, the names of about 140 have appeared in the list at some time or other. The first list comprised seventeen boys (all over the age of 11) of whom only two continue to appear at the time of writing; of two who have left, one came off the list after a month, and the other—a low-grade Negro boy—proved to be a persistent case.

During the past half-year there has been an increase in the number of offenders due to the addition of fifty juniors, and the register at present shows twenty-one names. Of these, two 8-year-old boys show a monthly frequency of over 50 per cent. wet beds. Four boys over 11 show a frequency varying from 70 per cent. to 55 per cent. The average frequency of the remaining fifteen is in the neighbourhood of 25 per cent.

The parents of two boys (not brothers) with whom the problem was discussed, stated that at home they had wet beds every night (i.e. 100 per cent. frequency) and were highly delighted to think that there was a chance of cure, indicated by the fact that for the last month one boy had got down to 35 per cent. frequency and the other to 25 per cent.

Of the twenty-one offenders referred to above, five had been brought up in residential institutions.

It is not suggested that from this experience any generalization can be accurately made, but it can be stated that of the whole number of boys received at the Camp, 90 per cent. appeared to have been adequately trained in good personal habits.

Summary of the Report of the B.M.A. Committee on Mental Health*

That this important Report should to some extent reflect the influence of the Report of the Feversham Committee is not surprising. Four out of a total of eight medical members of the Working Section of the Feversham Committee were also members of the B.M.A. Committee.

It will be remembered that the Feversham Committee was constituted in the first half of 1936 to report on the possibilities of (1) the co-ordination and extension of the Voluntary Mental Health Services and (2) their co-operation with Government Departments and Local Authorities. This Report was signed in July 1939.

The B.M.A. Committee was appointed by the Council of the Association in June 1938, and its terms of reference somewhat curiously worded were "To enquire and report upon the present medical equipment and provision for dealing with *mental health* in this country, with particular reference to the problems of the treatment and prophylaxis of the psychoneurotic and allied disorders." The italics are not in the original. The investigations of the Committee were completed before September 1939, and the report is now published.

Though the two Committees approached the subject of mental health from different angles, and though there were quite different terms of reference, yet in certain respects the same problems were considered and the same ground was covered. This was particularly the case with regard to facilities for treatment and in the education of the public in mental health matters.

What the Report does, is (1) to bring together a good deal of important data, (2) to focus attention on a number of problems that await solution, and (3) to make recommendations that in some cases are definite and clear cut, and in other cases are more of the nature of a compromise.

It is obviously important to get at the facts of any situation before proposals are made to deal with it. There are, however, still no very reliable statistics in regard to the incidence of psychoneurosis among the general population or even among sick persons in this country. There is a multitude of opinion and widely divergent views have been and are being expressed. The Committee accept the conclusion that about 30 per cent. of all sick individuals, who apply for treatment in some form, require psychiatric investigation, that most of these require some simple form of psychiatric treatment and that a small percentage require prolonged psychological treatment. The results of treatment are particularly difficult to evaluate in mental illness, and for statistics to be obtained some thorough system of following up the cases is essential. The Committee give no conclusions of their own in figures, but it seems probable that some 40 per cent. of cases selected for treatment improve considerably under any reasonable modern method. With children, the percentage is likely to be a good deal higher. The question as to whether the percentages of improvement can be increased by a more effective process of selective treatment is not considered.

The section on the Causes and Prevention of Mental Illness contains descriptions of contributing factors in mental ill-health which increasing knowledge, improvement in social conditions and the suitable education of mothers, nurses and teachers, might help to remove. And various administrative changes and co-operative efforts are mentioned that might make mental health services more effective.

The Committee survey the present means of dealing with Mental Illness and also suggest a model scheme of their own to cover the entire country. They regard the present in-patient provision for chronic psychotic patients as reasonably efficient, but for early and acute cases of psychosis and for psychoneurotics as grossly inadequate. With regard to out-patient possibilities there are two maps showing respectively the location of clinics for psychoneurotics and of child guidance clinics. In the former, 125 towns with a total of about 176 clinics are indicated, and in the latter 36 towns with over 50 clinics. It is pointed out that the facilities offered vary greatly and that only a proportion of clinics give adequate service.

The Committee's model scheme is really a combination of schemes. The formation of Mental Health Committees, one of the central features of the Feversham Report, is recommended. But whereas the Feversham Report recommends one for "every authority", the recommendation here is to start with one in each County. Should medical work in this country eventually be organized

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on a Regional basis, presumably there would be Regional Health Committees instead of County ones. Then in addition to out-patient clinics at general and special hospitals, child guidance clinics, and wards for psychoneurotics and mild psychotics at general hospitals, two specific recommendations are elaborated. The first is a special psychiatric hospital at big centres, and the second is a service for rural areas. The former, which in a diagram is named a Central Psychiatric Unit, is shown as the centre of a cluster of four other institutions, an out-patient clinic, a general hospital, a mental hospital and a rehabilitation and convalescent centre. The out-patient clinic would feed the psychiatric unit which would be subdivided into a mild unit and an acute unit. The psychiatric unit would be in close liaison with the general hospital on the one hand, and with the mental hospital on the other, while the two hospitals and the psychiatric unit would all three feed the rehabilitation and convalescent centre. Among other recommendations in this section are that every hospital with one hundred beds or more should have on its staff a physician in psychological medicine with appropriate status, and that any clinic in a general hospital should be separate from the neurological department, and that patients should have direct access to it. The economic side of the question of reorganization is barely referred to.

The recommendation for rural areas is the provision of a scheme modelled on existing orthopaedic schemes. There would be a central clinic with in-patient facilities and also outlying diagnostic clinics which would be visited periodically by members of the staff of the central clinic. In all cases local conditions would have to be studied, but everywhere ancillary workers, proper clerical assistance and laboratory facilities would be needed. There are, finally, recommendations for defectives and addicts.

In the section Training of Personnel, both undergraduate and postgraduate education and training of doctors is considered. Preclinical instruction, it is held, should be in medical psychology rather than in normal psychology, and it should be given by a psychiatrist. In the clinical years the importance of the study of psychological deviations in the ordinary hospital wards and out-patient departments is emphasized, and at least three months' clinical clerkship in the psychiatric out-patient department should be compulsory. More controversial are the recommendations as to examinations. The final qualifying examinations, it is stated, should include a paper or questions on psychological medicine, that there should be a clinical examination in psychological medicine, and that the examining boards should include psychiatric specialists. To qualify for status as a specialist in psychiatry the doctor should have at least three years' post-graduate psychiatric training, with or without an analysis, and should obtain the D.P.M. The suggestions for an additional registrable qualification similar in status to the M.R.C.P. or F.R.C.S. would surely necessitate the founding of a new College of Medical Psychology or Psychiatry.

Section 8 deals with Ancillary Services which include mental nurses, psychologists, occupational therapists, psychiatric social workers, speech therapists and play-room supervisors. The difficulty of obtaining in sufficient numbers mental nurses temperamentally suitable, of good education and with both general and special training is emphasized. The Committee are particularly anxious that there should be opportunities for training nurses and especially mental nurses in the nature and management of the psychoneuroses. It recommends that standard curricula should be laid down for the training of all these services and that diplomas should be given to those who have passed examinations based on these curricula. This in the majority of cases is already done. It is advised that non-medical play-therapists who undertake individual play therapy and who interpret the results should be regarded as non-medical psychotherapists and should not be recognized. It is to be noted that at the end of this section physiotherapists are referred to, but no distinction is drawn between medical and lay physiotherapists.

Finally there is a section on the relation of the profession to the non-medical psychotherapist. The arguments for and against lay psychotherapy as this problem is visualized by the Committee are given in some detail.

The conclusions, 51 in all, that summarize each section are then repeated consecutively, and the Report concludes with three appendices. The first gives the Committee's definitions of five terms with the prefix Psych—. The second gives another model scheme, this time for a Child Guidance Clinic. This is much easier to formulate than a general scheme for the treatment of mental illness, and it is detailed, precise and clear. The final appendix enumerates the persons, organizations and institutions that provided evidence and information, and the published works referred to in the text of the Report.

H. C. SQUIRES.

(Owing to limitations of space this summary has had to be somewhat abridged.)

News and Notes

Child Guidance Council

At the meeting of the Council held on May 27th, papers were read by Mrs. E. M. Henshaw and Miss H. E. Howarth on their work amongst children under war conditions. The meeting was well attended and both papers provoked considerable interest and discussion. They will be published in the October number of the Journal.

Appointments. It is satisfactory to record that Miss Guthrie and Miss Reeves have been appointed permanently to the staff of the clinics to which their services were loaned by the Council, Miss Guthrie to the North-East Lancashire Clinic and Miss Reeves to the Barnsley Clinic. In the case of the latter, the Council paid part of the salary of the psychiatric social worker for the first three months, the Clinic paying the balance and assuming full financial responsibility at the end of the period.

Establishment of Clinics. OLDHAM AND ROCHDALE have passed a scheme for a joint clinic. The Education Authorities will pay the salaries of psychiatrist and educational psychologist. The Child Guidance Council will lend a psychiatric social worker for the first six months. PRESTON Education Committee has also decided to establish a full team clinic. YORK Education Committee has been given the loan of an educational psychologist for three months. Mrs. Bathurst began work there in May.

The continued increase in juvenile delinquency is arousing more and more interest in the possibilities of child guidance as a preventive and remedial measure, and it is mainly to this factor that the continued enquiries received by the Council are due. A group of Education Authorities has recently held a Conference on the question of setting up a child guidance clinic to which the Council was asked to send a delegate. Miss Ruth Thomas kindly consented to attend the meeting to describe the functions of a clinic and to answer any questions that might arise.

Training. The Council has allocated the sum of £300 to the Committee established jointly with the Central Association for Mental Welfare for the training of educational psychologists who wish to gain experience in child guidance clinics. The Committee will award bursaries for this purpose.

Publications. The 1940 Supplement to the Bibliography of Child Psychology has just been published and may be obtained from the Council's offices (23 Queen Square, Bath), price 2d., postage 1d.

Leaflets dealing in simple language with children's behaviour problems such as lying, stealing, truancy, will be available in a short time and will be distributed free of cost to mental health workers who wish to make use of them. They are intended chiefly for parents and teachers.

Conference on Children's Problems in Wartime. A one-day Conference on children's problems in wartime will be held in London at B.M.A. House, on August 16th. This will be open to formally qualified members of child guidance

clinic staffs, to members of such staffs approved by the psychiatrist in charge and to qualified workers in the child guidance auxiliary service. Enquiries should be addressed to the Medical Director, Child Guidance Council, 23 Queen Square, Bath.

Evacuation of Children under Five. In view of the intense air bombardment experienced in certain cities, the Council have modified their attitude towards the evacuation of children under five without their mothers and have passed the following resolution:

"Whilst recognizing the serious psychological problems occasioned by the separation of children under five from their mothers, the Child Guidance Council is of opinion that such children should be evacuated from badly bombed areas in units, e.g. nursery schools, nursery centres. They should not, however, be billeted individually with foster parents."

This resolution was subsequently adopted by the Mental Health Emergency Committee with the addition of the following rider:

"unless special care is given to the selection of foster parents and the supervision of the children placed on the lines of the Foster-Homes Register."

to which the Child Guidance Council sees no objection provided great care is taken in selection and supervision of the foster homes by a fully trained mental health worker.

Reports from Clinics. BIRMINGHAM CHILD GUIDANCE CLINIC reports an increase in the number of cases referred, despite evacuation and transport difficulties. Although there has been no increase of serious and lasting maladjustments, it has been noticed that there is an increase in excitability and aggressive behaviour following air raids; also diminished powers of memory and concentration observed by mental tests, a result to be expected.

From the experience of this clinic it seems likely that there will be a considerable number of children of 7 plus, backward in lessons because they have missed a great deal of school and suffering emotionally owing to anxiety consequent on retardation. It is suggested that coaching centres might be established for these children who cannot always be helped in school.

The policy of boarding out children on farms under the supervision of the Society in Aid of Nervous Children is being pursued successfully, as is indicated by the gratifying results observed in the children sent and in the continued wellbeing of these children on their return.

DUNDEE CHILD GUIDANCE CLINIC notes that the war has caused some increase in Juvenile Delinquency since September, 1939, particularly sexual offences and truancy. Anxiety symptoms have been characteristic of a number of cases referred since the outbreak of war, but although some of them have been a reflection of the return of symptoms in the cases of fathers who suffered from shell-shock during the last war, the majority have been caused by conditions which existed previous to the war, but have been exaggerated by present circumstances.

LIVERPOOL CHILD GUIDANCE CLINIC reports that few cases have been referred as a direct result of air raids and considers that the break-up of the family unit has produced the most marked effect, together with the dislocation of the school services.

But examination has shown that in the majority of cases the underlying causes of difficulties were already in existence and had produced unconscious insecurity. This, under the extra strain of conditions imposed by war, showed itself in emotional and social maladjustments.

Juvenile Delinquency and Intelligence

The Bristol Child Guidance Clinic has recently completed an enquiry into the cases of 168 juvenile offenders referred by magistrates and probation officers during the past two years, and we are indebted to the Acting Medical Director, Dr. Frank Bodman, for permission to quote from his report.

The chief findings have been summarized as follows:

- (1) There has been a 50 per cent. increase in juvenile delinquency in Bristol since the war.
- (2) The greatest increase comes from the class of child who is very dull or a borderline defective (I.Q. 70-85).
- (3) Half the cases referred by the Court to the Child Guidance Clinic have been either very dull or high grade defectives (I.Q. 55-85).
- (4) Approved Schools dislike admitting this type of child, and rightly so, as these very dull children cannot profit from the training.
- (5) Colonies and institutions for defectives will not accept this type, as they are not low enough in intelligence to be certifiable under the Mental Deficiency Acts.
- (6) The remaining alternative—probation—is unsatisfactory, as the parents of these children are generally of low intelligence themselves and fail to co-operate with the Probation Officer.
- (7) Twice as many offences are committed in the winter months as in the summer.
- (8) In more than a third of the cases referred, the home has been broken not only by the usual pre-war causes of death or legal separation, but also by the absence of the father on service or war work, and sometimes of the mother too.
- (9) Of more than 40 defective children brought before the Court, only one had attended a Special School.

It is pointed out that the 52 per cent. of high grade defective or dull and backward children referred is a very high proportion when it is realized that the normal school population only contains 2 per cent. of this group. For a few who are actually defective, places are available in the Special Schools, but for the rest, no satisfactory provision exists and it is submitted that there is an urgent need for residential schools for these children, as well as for approved schools with curricula specially adapted to their limitations.

"To try and train either the mind or character of these abnormally dull children in their own homes or in the ordinary schools", it is pointed out, "is rather like trying to teach pigs to fly, or using bows and arrows in modern warfare", and yet with specialized training they can become an asset to the community.

Mental Health Emergency Committee

The First Report of the Committee has now been published and can be obtained on application to 24 Buckingham Palace Road, S.W.1.

The great value of the activities of the Committee's Regional Representatives in the areas to which they are attached, has become more apparent as time goes on, and an appointment of a fifth Representative to work in Region 3 (Derbyshire, Nottinghamshire, Leicestershire, Northamptonshire, and Rutland) is shortly to take effect. To each Representative there is, moreover, to be attached a psychiatric social worker who will be able to help in dealing with individual cases and whose services can be loaned to any part of the Region concerned where special need exists, to demonstrate the value of the type of assistance which can be given.

During the past three months, the loan of a worker has been made to a new district—Nidderdale and adjacent areas—and it is hoped that a permanent appointment by the Ministry of Health will follow.

After the severe raids on Plymouth, the Committee, at the request of the Local Authorities concerned, sent their Regional Representative to the area. She successfully organized a Parents' Advice Bureau to form a link between the children evacuated from Plymouth and the billets to which they had been assigned, as experience has proved that the existence of such a Bureau can do much to prevent the children's precipitate return. For the time being, this work is being carried on by another worker loaned by the Committee, but it is hoped that in due course a permanent appointment will be made.

The Committee has been devoting close consideration to the problem of the care of children under five, and it has been decided to submit to the Government Departments concerned a scheme offering the services of a trained worker for an experimental period for the purpose of visiting and advising the staffs of Nursery Centres on the general handling of children as well as on specific problems. The Committee wish to emphasize the importance of these early years not only from the point of view of physical health but for the building of character and for ensuring sound mental and emotional development. A Sub-Committee has therefore been formed, with Miss Ruth Thomas (the C.A.M.W's Educational Psychologist) as Secretary, to consider what contribution can be made towards a solution of the problems involved, in co-operation with other groups concerned. A Resolution on the subject of the evacuation of unaccompanied children under five, has been considered by the Committee in the form presented to it by the Child Guidance Council, who expressed the opinion that such children should be evacuated in units, e.g. nursery schools or centres, and not be individually billeted. Whilst agreeing that ordinary billeting was unsuitable for young children, the Committee felt that for a certain number of them, satisfactory provision could be made by the selection of

carefully chosen foster-parents and the provision of skilled supervision on the lines of the methods employed in boarding-out backward and difficult children under the Joint Register of Foster-Homes. An amendment to the Resolution was therefore passed, the principle of which was subsequently accepted by the Child Guidance Council (see page 82).

The British War Relief Society of the United States has recently sent a large sum of money to this country, part of which has been allocated for the provision of additional equipment for recreational facilities in Hostels for Difficult Children. In making grants to Hostels for this purpose, the Mental Health Emergency Committee has been invited to co-operate. It has been decided that a proportion of the money available shall be set aside for the thorough equipment of a limited number of Hostels where Child Guidance facilities are available. Such Hostels have been visited by officers of the Committee, and eight applications for sums varying from £70 to £140 have been drawn up and accepted by the committee responsible for the Fund.

Conference of Mental Health Emergency Workers

On June 27th, a Conference of workers engaged in Mental Health Emergency activities was held by the Committee, in London.

Mrs. Montagu Norman took the chair, and forty-two people were present; of these, eighteen were members of the Committee's staff or of the staffs of its constituent bodies, ten were holders of Ministry of Health appointments for work amongst evacuees, and four were Welfare Workers attached to the Ministry.

The morning session was devoted to discussion on the necessity of a liaison welfare service between workers in Rest Centres and Shelters and those in Reception Areas, and between the parents of evacuated children and workers in the areas in which they are billeted. Practical experiments in this direction were described by workers engaged in them, and the urgent need for such schemes, carried on in close co-operation with all types of social workers concerned, was unanimously accepted.

After lunch, kindly provided by the Chairman, a discussion took place on Hostels for Difficult Children. Various views were put forward on certain aspects of management and organization, but the opinion was unanimously expressed that no Hostel should take more than thirty children, twenty being considered a still better number, and that adequate play and recreational facilities should be provided.

Another point emerging from the Conference, to which we would draw the attention of readers, is considered to be of urgent importance, viz. the need for establishing the closest possible co-operation between psychiatric social workers and mental welfare workers and the many new special Welfare Officers who are being appointed by the Ministry of Health as well as by Local Authorities.

Central Association for Mental Welfare

The prolonged search for suitable premises for the proposed Hostel for Agricultural Workers continues. Meanwhile the Association's Guardianship Officer has visited a number of Certified Institutions and twenty-five to thirty young men have

been referred to her by the various Medical Superintendents as patients likely to do well on Licence, in farm work.

A Course for Teachers of Retarded Children will be held at St. Luke's College, Exeter, from August 29th to September 12th, 1941, designed specially to meet the needs of teachers whose work has been disorganized by evacuation and other wartime conditions. The subjects to be dealt with will be:

- (1) The organization into teaching units of children of unknown attainments by standard tests of attainment.
- (2) Modifications of the curriculum designed to meet new conditions.
- (3) The difficult, delinquent or otherwise maladjusted child as a problem at home, in school or in billet.

There will also be classes in handicrafts, dramatic art and mime, percussion band playing and musical appreciation with such visits of observation as it is possible to arrange under present conditions. The Course will be residential and the total inclusive fee will be £10 10s. Further information can be obtained on application to the C.A.M.W.

Lectures to teachers in Shropshire have been given by the Association's Educational Psychologist, Miss Ruth Thomas, who has also lectured to Teacher Midwives at the College of Nursing and to Midwives in Cambridgeshire. Miss Thomas addressed the Annual Meeting of the Staffordshire Mental Welfare Association, and through the instrumentality of that Association had the opportunity of speaking to groups of teachers and others in the area.

In 1939, it may be remembered, a Report was drawn up by a representative Committee convened by the Association, on the Education and Notification of Defective Children, making certain recommendations designed to extend the present inadequate educational facilities for such children, and to ensure the provision of special care for them on leaving school. The presentation of the Report to the Board of Education and the Board of Control was postponed owing to the war, but it has now been decided to forward it together with a note of the organizations accepting its recommendations in entirety and of those who found themselves able to accept only some of them, stating the points on which full agreement could not be reached.

In conjunction with the Child Guidance Council and the National Council for Mental Hygiene, a Regional Scheme for Mental Health Education in rural areas has been forwarded to the Central Council for Health Education in accordance with the terms of its competition for an award of £250. The scheme submitted aims at organizing a campaign of Mental Health Education in a specific area comprising several small urban and rural districts in which no propaganda of the kind has so far been undertaken, and provision is made for lectures and talks on various aspects of Mental Health to be given through local organizations holding regular meetings.

It is with profound regret that the Association records the loss of one of its former Educational Psychologists, Phyllis Noella Hamilton (*née* Pye), who died in July following the birth of her first baby. Mrs. Hamilton had a personality which

quickly won the affection of those with whom she came into contact, and her death, under such tragic circumstances, is felt as a personal sorrow by every member of the staff. The many teachers and other students at C.A.M.W. Courses who used to delight in her lectures and classes will, we know, share this sense of loss.

The National Council for Mental Hygiene

The Council, which has given considerable attention to the question of mental testing in the Services with a view to eliminating the mentally unfit and of making the best possible use of the abilities of recruits, welcomes the steps in this direction which it is understood are now being taken by the Services authorities. In a letter from the Council on this subject recently published in *The Times*, reference was made to wasted abilities in the Army owing to lack of consideration of ability in grading men, and the suggestion was put forward that the use of vocational and other tests should be extended to the Women's Services, and should also be utilized in the conscription of labour both for munitions and agriculture, and in certain civil departments under Government control.

There has been a keen demand for the revised pamphlets recently published by the Council which give guidance to those in charge of First Aid Posts, Air Raid Shelters, and Rest Centres in methods of dealing with cases of nervous and emotional disorder. Arrangements are being made to distribute the pamphlets extensively to responsible authorities throughout the country. These and other publications on wartime problems issued by the Council, as well as the syllabuses of special talks, are being used by the Committee on Military Mobilization of the American Psychiatric Association which is taking an active part in defence mobilization in the U.S.A. The Association expects to be entrusted with the instruction of the various categories of civilian defence personnel which may be instituted, and in this connection permission has been asked to utilize the Council's various publications.

Further talks to large groups of A.R.P. and First Aid workers have recently been given on behalf of the Council in the Lancashire area, and applications for repeat lectures are being received. By arrangement with the Sussex Rural Community Council, Dr. Edward Glover addressed a large audience at Lewes on June 20th at the Annual Meeting of the East Sussex Mental Welfare Association when he spoke on the psychological effects of war conditions on the civilian.

The Council's Annual Report, covering the period January 1st, 1940, to March 31st, 1941, is now available and copies will gladly be supplied on application to the Secretary, 76-77 Chandos House, Palmer Street, London, S.W.1.

Lord Memorial Essay Prize Competition

Details are announced of the 1941 arrangements for this annual competition which is held under the auspices of the National Council for Mental Hygiene. The competition is open this year to certificated male and female mental nurses of the rank of staff, charge or chief charge, in mental hospitals in the United Kingdom and Northern Ireland. A prize of £3 3s. and a medal is offered for the best essay

submitted, and the title chosen is: "The Public require Tuition about the Modern Mental Hospital, its Aims and its Outlook: How can the Mental Nurse assist in this?"

Essays are limited to approximately 2,000 words, and the latest date for the reception of these is October 31st, 1941. Further particulars may be had on application to The Secretary, The National Council for Mental Hygiene, 76-77 Chandos House, Palmer Street, London, S.W.1.

The Bravery of an M.D. Boy Scout

Readers of MENTAL HEALTH whose sphere of work lies amongst defectives, will be interested to know that a member of the Little Plumstead Colony Group of Scouts (Ronald Quadling) has been awarded the Cornwall Badge for endurance and courage in a severe illness.

The report, kindly provided by the Medical Superintendent of the Colony, records that on January 16th, 1941, the boy underwent an operation for acute mastoid disease. Lateral sinus infection followed, and on January 30th a second operation was performed. Between January 30th and February 25th, he had thirty rigors accompanied by intense pain, and he was also called upon to face the ordeal of extremely painful dressings of the extensive head wound. From none of these did he shrink, and his patience and endurance were so great that nurses and doctors were immensely impressed. To quote from the report:

"I did many of his dressings myself and made it a practice to watch them on other occasions when my duties allowed. We used to tell him before his dressings that he must be a good Scout and this was repeated before each rigor had fully developed. He always replied that he would try, and he gave a really exemplary display of courage and endurance."

On February 25th, as collapse was impending, it was decided to give a blood transfusion, and from then onwards continuous progress was made.

The Medical Superintendent gives it as his considered opinion that if the boy had been without the sheet anchor of courage and self-reliance developed by scouting, he would not have lived. The award made to him has greatly stimulated scouting and guiding at the Colony, and it is hoped that other groups of handicapped Scouts and Guides will be equally encouraged.

Scottish Association for Mental Hygiene

The Annual General Meeting of the Scottish Association for Mental Hygiene was held in the Psychology Department of the University, Edinburgh, on June 7th, 1941, and was attended by a small but representative gathering. Sir W. W. McKechnie, President of the Association, who occupied the chair, referred to the work which had been undertaken by the Association during the year, stressing that despite the difficulties of the present times, contact was being maintained in most areas, while every effort was being made to retain as many as possible of the Association's former activities. Reference was made to the fact that the Emergency

Committee had agreed to allow the services of the Secretary to be transferred to the General Board of Control for Scotland from time to time.

Professor Drever, Chairman of the Child Guidance Section, submitted a short report on the position of Child Guidance in Scotland, while a report on Scottish Child Guidance Clinics was submitted by Miss McCallum, Hon. Secretary.

Dr. Harrowes, Chairman of the Mental Health Section, gave information regarding the work which had been undertaken during the year in connection with public instruction on the psychological aspects of civilian warfare, stating that public lectures had been delivered in most of the larger Scottish towns.

Dr. Harrowes also stated that the Mental Health Section was concerned with the question of after-care of men who had been discharged from the Services on psycho-neurotic grounds, and in order to gain information on this subject mental specialists who were at present dealing with the problem in emergency and other hospitals had been invited to express their views, and to indicate in what way the Association might be of assistance in its solution. A discussion followed, and the matter was referred to the Emergency Committee for further investigation. It was agreed that contact should be maintained with the Central Association for Mental Welfare on this question.

Since the Annual Meeting, a special meeting has been arranged by the Mental Health Committee at which representatives of the R.A.F., British Legion, British Medical Association and Council of Social Services have been invited to be present to discuss possible methods of dealing with ex-service psycho-neurotics.

Meanwood Park Colony

On June 23rd, a new extension of this Colony provided by the Leeds Mental Health Services Committee, was formally opened by H.R.H. the Princess Royal.

The Colony, the beginnings of which were made in 1921, was planned to accommodate ultimately 900 patients of all ages and grades. The first section of the scheme was completed in October 1932, when accommodation was made available for 431 patients, and with this recent extension a total of 841 beds has been reached.

Association of Mental Health Workers

The Annual Conference of the Association was held in London on Saturday, June 21st, and was well attended, although it was not possible for many members to come from long distances.

The Annual Meeting took place in the morning and in the afternoon there was a discussion on "Social Changes due to the War and Wartime Legislation". The opening address was given by Mr. H. E. Norman, Chairman of the British Federation of Social Workers.

As it was not possible, owing to shortness of time, to discuss the subject exhaustively, it was agreed that an effort should be made through the "News Letter", to arrive at some expression of opinion which could be sent to the British Federation to be collated with the findings of other constituent bodies.

Book Reviews

Lectures on War Neuroses. By T. A. Ross, M.D., F.R.C.P. Pp. 116. Edward Arnold & Co. 6s.

Very little that is new about War Neuroses emerged during the first eighteen months of the present struggle. Wars change their pattern. Medicine progresses by fits and starts. And no one is yet entitled to say in what way, if at all, concepts of mental illness will be modified by the experiences of the present war years.

Dr. Ross, whose sudden death occurred just after this small book went to press, was specially qualified to speak to those battalion medical officers and general practitioners for whom these lectures were designed. He had worked as a general practitioner himself. He had been a medical officer in the last war, and he had treated patients suffering from neuroses, mainly army officers, in the present war. In the period between the two wars he had established himself as one with a practical and direct approach to mental illness which featured the individual's reaction to his situation rather than an emphasis on unconscious conflicts.

The plan of the book is simple and it contains much that is good sound common sense. A preliminary chapter gives the author's views on the causes, symptoms, including somatic symptoms, and diagnosis of neurosis. The next chapter is entitled *Acute War Neuroses*, and here several pages are devoted to the subject of prevention, Colonel Rogers's description of the duties of a battalion M.O. being quoted. There are special sections dealing with the treatment of specific phenomena such as paralysis, mutism and amnesia. The two final chapters on *Chronic War Neuroses* follow the same general scheme with sections on symptoms followed by others on treatment.

Some of the explanations put forward are not very convincing. To say for example that neurotic exhaustion is an indication that the patient is bored, or has a fear of consequences, or even that it is a sign of emotional distress, does not seem to do more than to classify it as a symptom. And Dr. Ross was apt to be critical of the use of certain medical or psychological terms without always suggesting what should take their place. Shell-shock, of course, D.A.H. understandingly, and Effort Syndrome less effectively are condemned. He would apparently tell patients with functional tachycardia that there was nothing whatever the matter with their hearts, but he does not attempt to suggest any reason why the heart should be

singled out for disturbance, except to say that there are fashions in symptoms.

In conclusion a few special points may be referred to. Dr. Ross is insistent on the importance of not allowing cases of acute neurosis to become chronic. As to in-born factors he says, "We cannot alter heredity, but we can do much to correct errors of education." He points out that there are neuroses of army life as distinct from warfare. An individual may, for example, break down when he finds himself called upon to undertake duties which his civilian experience, his ability or his lack of ability has not fitted him. And he suggests that the reason why there is more neurosis in the R.A.F. among the ground staff than the flying personnel is the responsibility felt by those who service the planes for the safety of those who fly them.

H.C.S.

Psychiatric Social Work. By L. M. French. Published by the Commonwealth Fund, 1940. 13s. 6d.

This is, I believe, the first book to be devoted wholly to the subject of psychiatric social work. It is to be expected that it should come from America, where the experience of psychiatric social work extends over a period of thirty years and whose workers still are more articulate concerning the trends of their work and their essential rôles than we are here in Britain.

Much of the book is devoted to a historical survey of psychiatric social work, dealing with the developing rôle of the workers, not only in the specialized field of Child Guidance Clinics, State Mental Hospitals and Mental Hygiene Clinics, but also their influence on general social work. This is a theme of first importance to us in these days of wartime, when psychiatric social workers have so often left their old relatively well-defined spheres and have been called on to fill posts of ever-increasing responsibility in work created by wartime stresses. We need constantly to remind ourselves of the discipline imposed by our specialized approach.

A chapter in Miss French's book is devoted to "Social Work in Relation to Psychiatry", a subject of renewed interest to us to-day, when social workers are so often being forced to deal with mental health problems with little or no guidance from or collaboration with psychiatrists. There is a danger in this situation; without this active collaboration and under the pressure of work, the psychiatric social worker may tend to neglect her psychiatric function, falling back on practical adjustments, or on the other hand

she may attempt to assume the responsibility for therapy even in cases of gross disturbance. The psychiatric social worker, as Miss French's book clearly shows, is a therapist, but her sphere is limited.

Miss French shows how the mental health training of workers who were returning to other fields of social work has influenced and modified the modern approach to general case work. Yet, as she points out, a specialized technique is not necessary or applicable to every case. Not every case arises from or is blocked by emotional disturbances or personality difficulties and many will respond to a removal of obstacles or to practical assistance given. I think it can be allowed, however, that psychiatric social work has made a real contribution to social work in general by the increased respect it gives to the individual client.

Probably the most interesting and relevant section of Miss French's book to British psychiatric social workers is the one dealing with "Some Trends in Social Treatment" (pp. 199-241). She discusses the early conception of treatment through study of the data, diagnosis and plan of treatment, which was carried out mainly through the interview where the chief function of the worker was "to make the client see." She shows how the frequent failure of this method with the resultant closing down of cases as "unco-operative" challenged workers to evolve new techniques. We are perhaps too diffident to speak of our efforts in the same direction as "attitude therapy" or "relation therapy" but the terms represent something every worker will have experienced in her own social work development, an increasing need to allow the client to be self-determining, to act as an instrument through which he can clear himself of emotional blocks and can then go forward to making his own plan. A quotation from Miss Marcus makes this point succinctly: she says, "He (the client) is accessible to treatment only of problems which he himself feels and has an urge to work out. Whatever the personal or social consequences may be, the client controls, or more accurately, is unconsciously controlled by, his own problems, and therapy may assist him in solving them only in the way and to the extent his own desire and his own capacity dictate." N.A.

The 1940 Mental Measurements Year Book. Edited by Oscar Krisen Buros. Published by Mental Measurements Year Book at Highland Park, New Jersey, U.S.A., 1941, pp. 1137.

The ultimate aim of the publishers of this book is to review all widely used mental tests

irrespective of their date of publication. At present only those tests have been included which have appeared in the last two or three years. The tests are classified under the headings: "Achievement Batteries", Character and Personality, English, Fine Arts, Foreign Languages, Intelligence, Mathematics, Reading, Science, Social Studies, Vocations, and a miscellaneous group including tests in Agriculture, Religious and "Safety Education", and Sensory Motor Tests.

Each test is reviewed two or more times by a variety of reviewers to enable more than one angle of criticism to be directed on it. The name and status of the reviewer is given in each case and, where possible, references to literature bearing on the compilation of the test or to investigations involving its use.

There is a preface setting out the safeguards attempted in choosing reviewers, and interesting selections from correspondence with test publishers and authors whose comments on the reviews were invited. It is proposed in a later Year Book to allow authors to reply to the reviewers' criticism.

The reviews are frankly evaluative in aim and are particularly directed, in almost all cases, to noting the adequacy of published data available with the test to substantiate the author's claims for it. In this respect the Year Book may do much to ensure that vast gaps between claims and substantiation are covered with satisfaction to the statistically minded test-using public. The level of criticism is high and shows a sense of the pragmatic value of the tests as such. There is no greater need for this than in the mental testing field. There are some excellent douches of cold water for batteries which certainly test something, but not necessarily what is claimed for them in this respect.

The Year Book, which contains both English and American tests, fills a real need for those wishing to keep abreast of publication in a vast field.

It contains an index to authors and reviewers, and a periodical directory. R.T.

The Nursing Couple. By M. P. Middlemore, M.D. Hamish Hamilton, Ltd. Pp. 195. 7s. 6d.

This book is quite unique in its approach to the subject of breast feeding. The title shows first the emphasis that the author places on the mutual influence both partners in breast feeding exercise on one another, indeed she shows throughout the book that breast feeding, if successful, is always the result of a mutual adaptation of mother and babe to one another.

Dr. Middlemore examines in detail the causes of failure in this mutual adaptation and shows it

to be due, in many instances, to the mother's emotional reactions and consequent behaviour to the particular kind of suckling with which she is confronted.

The conclusions reached in this book are based on the author's observations of the Nursing Couple in the early weeks of breast feeding, and the main body of the book is devoted to a description and classification of the different types of sucklings observed. Suggestions are also put forward as to the best ways of dealing with the difficulties that are encountered. The satisfied sucklings—active and sleepy—are first described and then the unsatisfied sucklings—excited, ineffective, simple inert, irritable inert. The influence and rôle of the nurse is described in another very interesting chapter.

The book is unique in a second way, in that the author has brought to bear on her observations of breast feeding not only her medical experience but her psychological knowledge of unconscious impulses and motivation.

If Dr. Middlemore emphasizes one thing above anything throughout this book, it is the right and necessity for both mother and babe to obtain enjoyment during breast feeding, an attitude which has been overlooked in much of the work done on this subject, to the detriment of both mother and babe when precept has been put into practice.

Although the book is primarily a scientific study of suckling, and as such is of most interest to doctors and nurses, yet it is so full of indirect advice to mothers, that few thinking mothers would not be relieved to have such light thrown on the oft thorny path of breast feeding.

The wealth of detailed and interesting observations and conclusions that Dr. Middlemore has

brought to light in this book were only made possible by patient work over a long period on this subject which enthralled her.

There is an introduction to the book by Dr. Edward Glover and a foreword by Ella Sharpe and Joan Mallinson who were entrusted by the author with the manuscript of the book.

Recent Publications

THE HUMAN MIND AND THE ORGAN OF THOUGHT IN FUNCTION AND DYSFUNCTION. By Dr. Murdo Mackenzie. Churchill. 7s. 6d.

LECTURES ON WAR NEUROSIS. By T. A. Ross, M.D., F.R.C.P. Edward Arnold & Co. 6s.

THE FIRST FIVE YEARS OF LIFE. Yale Clinic of Child Development. Methuen. 21s.

AN INTRODUCTION TO PSYCHOLOGY FOR STUDENTS AND PRACTITIONERS OF MEDICINE. By Prof. R. J. S. McDowall, M.D., D.Sc., Professor of Physiology, King's College. John Murray. 6s.

*THE CAMBRIDGE EVACUATION SURVEY. Edited by Susan Isaacs. Methuen. 8s. 6d.

THE FUTURE IN EDUCATION. By Sir Richard Livingstone. Cambridge University Press. 3s. 6d.

SEX PROBLEMS OF YOUTH. By Theodore Tucker. Allen & Unwin. 5s.

THE YOUNG ADULT IN SOUTH WALES. By A. J. Lush. South Wales and Monmouthshire Council of Social Service, 118 Cathedral Road, Cardiff. 1s.

*THE HAWKSPUR EXPERIMENT: An informal account of the Training of Wayward Adolescents. By W. David Wills. Allen & Unwin. 6s.

* To be reviewed in next issue.

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